Instructions for Application for Federal Assistance – Individual (SF 424i form)

Item	Field Name	Information
1.	NAME OF FEDERAL AGENCY	Enter the name of the Federal Agency.
2.	CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	Enter the Catalog of the Federal Domestic Assistance Number.
	CFDA TITLE:	Enter the CFDA Title.
3.	DATE RECEIVED	Completed by the Embassy upon submission.
4.	FUNDING OPPORTUNITY NUMBER:	Enter the Funding Opportunity Number.
	TITLE:	Enter the Title.
5.	APPLICANT INFORMATION	
	a. Name and Contact Information	
	Prefix:	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
	First Name:	Enter the First Name. This field is required.
	Middle Name:	Enter the Middle Name.
	Last Name:	Enter the Last Name. This field is required.
	Suffix:	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
	Fax Number:	Enter the Fax Number.
	Email:	Enter a valid Email Address.
	Telephone Number (Daytime):	Enter the daytime Telephone Number. This field is required.
	Telephone Number (Evening):	Enter the evening Telephone Number.
	b. Address	
	Street1:	Enter the first line of the Street Address. This field is required.
	Street2:	Enter the second line of the Street Address.
	City:	Enter the City. This field is required.
	County / Parish:	Leave in blank.
	State:	Leave in blank.
	Province:	Leave in blank.
	Country:	Select the Country from the provided list. This field is required.
	Zip / Postal Code:	Leave in blank.
	c. Citizenship Status:	
	U.S. Citizenship? Yes / No	Select Yes if applicant is a citizen of the United States. Select No if applicant is a permanent resident and enter the Alien Registration #. Select No if applicant is a foreign national and enter the country of citizenship and start date of most recent residency in the United States.
	If No	

	If permanent resident of U.S., enter the Alien Registration #	Enter the Alien Registration Number.
	If foreign national, enter country of citizenship:	Select the Country from the provided list. This field is required if the applicant is not a U.S. Citizen.
	If foreign national, enter start date of most recent residency in U.S.:	Enter the start date of the most recent residency in the U.S. Enter in the format MM/DD/YYYY. This field is required if the applicant is not a U.S. Citizen.
	d. Congressional District of Applicant:	Leave in blank.
6.	Project Information	
	a. Project Title	Enter a brief, descriptive title of the project.
	b. Project Description	Enter a brief description of the project. This field is required.
	c. Proposed Project	Start Date: Enter the start date for the proposed project. Enter in the format MM/DD/YYYY. This field is required. End Date: Enter the end date for the proposed project. Enter in the format MM/DD/YYYY. This field is required.
7.	* By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fradulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001) ** I AGREE	Check to select. This field is required.
	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
	Signature	Sign form
	Date Signed	Enter date upon submission.